CLAIMS ONLY

Application Number	Filing Date
10618467	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	I					
2		I				
3		I				
4		I				
5		I				
6		I				
7		I				
8		I				
9		I				
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49						
50						
Total Indep	1					
Total Depend	19					
Total Claims	20					

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
51							
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99							
100							
Total Indep							
Total Depend							
Total Claims							